**Virginia Interagency Coordinating Council (VICC) Meeting**

December 11, 2024

**DRAFT Minutes**

The December 11, 2024Virginia Interagency Coordinating Council Meeting was called to order by Tricia Peny. The September 11, 2024 VICC meeting minutes were motioned and approved. Please see the list of attendees at the end of the minutes.

* New member announcements
* Senator Emily Jordan (Legislator)
* Victoria Bhardwaj (Public Provider)
* Tracey Deal (Provider)
* Nyesha Nicholas (Parent)
* Member introductions

**Early Intervention Program Manager Update- Kyla Patterson**

Funding

* Revenue and expenditure statewide totals for the fiscal year ending 6/30/24 showed revenue exceeded expenditures by about $1 million.
* In contrast, initial budgets for the year starting 7/1/25 indicate over $4 million in anticipated deficits (triple what we usually see).
* CoCoA Steering Committee shared concerns at the last VICC meeting about funding fluctuations/allocation formula. Here is some information about funding and allocations:
  + Fixed pot of money
  + Formula is based on overall child count and Medicaid count
  + Evaluated with national consultants several years ago – missing piece was delivered service data
  + TRAC-IT now collects that, but not fully in for all local systems yet.
  + Recent data from a 1-month period for local systems that put all data in TRAC-IT shows: Average number of planned hours per child per month = 2.71. Average number delivered = 2.49

Child Count

* See handout
* Birth to 1: Up 4.5-6% year over year increase in last few months
* Birth to 3: Down since June but catching up some in last couple of months. Consistent with what local system managers (LSMs) are reporting in many areas of the state.
  + LSMs said: 2022 and 2023 saw results of COVID “catch up” as kids got back to well-child visits. Now leveling off (but still higher than before COVID).

Differentiated Monitoring and Support (DMS)

* Federal monitoring of state Part C systems
* Official notification that we are in Cohort 5 (the final group)
* Engagement month will be scheduled to occur between August 2027 through January 2028. We’ll be notified in October 2025.
* More to come so everyone understands what is involved in this federal monitoring process.

Adding Disciplines

* The State Board for Behavioral Health and Developmental Services approved DBHDS proceeding with fast-track regulations to add the disciplines we’ve been discussing for early intervention.

**State Performance Plan/Annual Performance Report (SPP/APR) Update-Richard Corbett**

Richard Corbett, Early Intervention Team Leader and Kyla Patterson, Early Intervention Program Manager, gave us an overview of the State Performance Plan/Annual Performance Report (SPP/APR), please see attached.

**Public Comment**

## The following public comment was submitted verbatim by *Valerie Abbott*

## *Good morning. My name is Valerie Abbott. I am a resident of Henrico County, parent of a child with a disability, and a service coordinator at the Parent Infant Program serving Henrico, New Kent and Charles City.*

## *First, I’d like to thank all of you here today for offering me a chance during this time of public comment to share some observations we in EI have made and some concerns I’ve been discussing with others in our field.*

## *As the parent of a child who mysteriously acquired hearing loss as a toddler, and now as an early intervention service coordinator, I want to my raise concern about some language within the ITC Practice Manual that may be leading to some EI eligible children being inadvertently turned away from enrollment.*

## *Specifically, I want to call your attention to Chapter 5, pages 13 and 16, in the ITC Practice Manual. We have copies available for you to review. On page 13, under the category Diagnosed Conditions with High Probability of Resulting in Delay, there is a section bolded that says; Congenital infection, symptomatic. This section includes the following description: “This refers to an infection that developed in utero and may manifest at birth, in infancy or in childhood.” CMV (also known as Cytomegalovirus) is listed among the in utero diseases. The issue here is that CMV is listed under Congenital Infection, underlined SYMPTOMATIC. Some EI professionals read this and interpret it to mean that a child with cCMV who is asymptomatic is not auto eligible and that family, if the child is asymptomatic, might be turned away as not eligible – that is, until symptoms are noticed and medically proven, or a clear and present developmental delay has manifested.*

## *CMV is also mentioned on page 16, under Conditions that are often listed as “Other” but actually belong in one of the conditions already listed in Virginia’s system of eligibility. On page 16, CVM is categorized as quote “a Significant Central Nervous System Anomaly.” Some EI professionals, if they read this far, interpret this to mean that children with cCMV are auto-eligible…regardless of whether or not symptoms are obvious or present.*

## *I have spoken with other teammates in EI. The issue the current Practice Manual language is creating is that professionals working within EI do not uniformly understand what it means with regards to auto eligibility. Is a child with a confirmed, documented cCMV infection, with medical records to prove it, automatically eligible for EI enrollment regardless of whether or not they are symptomatic? This is important because 1 in 200 children in Virginia and elsewhere are born with cCMV, and many of them are asymptomatic at the moment of birth but develop developmental and/or health issues in the days/months/years after hospital discharge. Permanent hearing loss is the #1 disability caused by cCMV and many of those cases develop later - in early childhood.*

## *Members of the Virginia Department of Health Early Hearing Detection and Intervention Program Advisory Committee recently met at a workgroup meeting to discuss making changes to how and when newborns are screened for cCMV at birth. This workgroup will be submitting the recommendation for Virginia to start expanding its current cCMV screening protocols at the next AC meeting and we anticipate this recommendation will be approved and will move forward. My teammate Judy Alonzi (who is a Developmental Specialist in EI) and I foresee this screening expansion will lead to a significant increase in the number of infants identified with cCMV.*

## *Identification is a good thing - this will change lives – if we in EI are ready. I feel it is important for the ITC Practice Manual to be revised as soon as possible so that anyone referring to it is crystal clear that any child with a diagnosis of cCMV is automatically eligible for EI enrollment and, even if through service coordination only, families are proactively reminded to remain vigilant in monitoring their child’s milestones so we notice developmental delays and other health problems on the front end and take action sooner.*

## *I’d like to submit these typed notes to the person capturing your meeting minutes. Thank you. Respectfully Submitted, Valerie Abbott.*

**State Systemic Improvement Plan (SPP/APR) Update-Kyla Patterson**

Please view the attached VICC SPP/APR PowerPoint Presentation presented by Kyla Patterson

**Virginia Quality Birth to Five (VQB5) System-Dawn Hendricks and Kris Meyers**

Dawn Hendricks and Khris Meyers presented an overview of Virginia Quality Birth to Five (VQB5) System, please see attached.

**New Path Update-Robin Church**

Please see the attached New Path Report from Robin Church.

**Integrated Training Collaborative-Cori Hill**

Cori Hill shared an infographic, please review the attached Integrated Training Collaborative handout submitted by Cori Hill.

**AGENCY REPORTS**

**VA Dept. of Behavioral Health & Developmental Svcs. (DBHDS)- Kari Savage**

No Report

**Virginia Department for the Blind and Vision Impaired (VDBVI)-Donna Cox**

DBVI’s Mission Statement: The mission of the Department for the Blind and Vision Impaired (DBVI) is to provide services and resources which empower individuals who are blind, vision impaired or deafblind to achieve their desired levels of employment, education, and personal independence.

Vision Statement: DBVI envisions a world in which individuals who are blind, vision impaired or deafblind can access all that society has to offer and can, in turn, contribute to the greater community. We believe this is achievable.

There are six regional offices across the Commonwealth of Virginia: Bristol, Fairfax, Norfolk, Richmond, Roanoke, and Staunton. The Headquarters Office is located in Richmond VA, as is the Library/Resource Center and the Virginia Rehabilitation Center for the Blind and Vision Impaired. Consumers are encouraged to sign up for agency emails, announcements, and updates on the DBVI website. Referrals and inquiries may be received via regional office contact or website submission.

DBVI provides programming to empower individuals of all ages: Education Services, Pre-Employment Transition Services, Vocational Rehabilitation Counseling, Orientation and Mobility Training, and Rehabilitation Teaching.

Each regional office has an Education Coordinator located in their regional office to provide technical assistance, consultation and resources to early intervention, teachers, doctors, outside agencies, and families. Education Coordinators are available to provide consultation and guidance for children with blindness/vision impairments, ages birth through 21 years old.

DBVI Education Services consultation and guidance may include:

- Participation as a cooperating state agency to facilitate access to developmental and/or educational programming as appropriate.

- Collaboration with early intervention teams to provide consultation regarding understanding of vision loss and or blindness. The professional development may be a general overview of vision loss, blindness and deaf blindness or the information may be tailored to the needs of a child with a visual impairment, blindness, or deaf blindness.

- Access to resources for use of the family and early intervention teams to support recommended strategies. The resources can be tailored to the community where the early intervention team is located to meet the needs of the children in their local territory.

- Connections to community and family networks, events, support groups and literacy resources. Virginia Department for the Blind and Vision Impaired/VICC.

- Professional development opportunities pertaining to vision loss and its impact on development.

- Support to teams and family members during the transition process (from early intervention). Being an informed member of the transition process assists school systems in planning for contracted service providers for the upcoming school year. Information provided to families considering private placements v. school system supports informed decision processes.

The Department for the Blind and Vision Impaired provides access to adaptive materials for children with visual impairments, blindness, and deaf blindness. The adaptive equipment is provided through the Library and Resource Center with DBVI in partnership with American Printing House for the Blind.

The American Printing House for the Blind works with Ex Officios in each state to provide adaptive equipment to students with blindness, visual impairments, and deaf blindness. Donna Cox acts as the Ex Officio through the Department for the Blind and Vision Impaired to provide the majority of adaptive equipment to children with a visual impairment in the Commonwealth of Virginia. The guidelines for eligibility to utilize APH materials are in the process of changing on October 1, 2024. The eligibility guidelines changed from legally blind and/or functions at the definition of blindness to align with the Department of Education’s definition of a child with a visual impairment. The new eligibility states the addition of qualifying under the Individuals Education Act (IDEA) definition of blindness: an impairment in vision, that, even with correction, adversely affects a child’s educational performance ([34 CFR §300.8(c)(13)](https://sites.ed.gov/idea/regs/b/a/300.8/c/13) The materials include a variety of equipment to include light boxes, tactile books, vision kits and other necessary materials to meet the needs of visually impaired children’s educational needs.

The Department for the Blind and Vision Impaired Education Services Program is available to work with early intervention, families, school systems, doctors, and other outside agencies to meet the visual needs of children with visual impairments, blindness, and deaf blindness.

The Education Services Team is currently working to revise Virginia’s Early Intervention Screening Power Point on the DBVI website. The revisions are in the final phase of production.

**Virginia Department for the Deaf and Hard of Hearing (VDDHH) –Eric Raff**

Please see the attached Fiscal Year 2025 (FY25) 1st Quarter Report July 1, 2024 – September 30, 2024 from Eric Raff, Director of the Virginia Department for the Deaf and Hard of Hearing.

**Virginia Department of Education (VDOE)-Dr. Dawn Hendricks**

Please see the attached Early Childhood Special Education Update from Dr. Dawn Hendricks.

**Virginia Department of Education-Project HOPE-Virginia -Dr. Patricia Popp**

Project HOPE-Virginia is in the process of collecting 2023-24 data from school divisions regarding students experiencing homelessness. Only school divisions that received direct subgrant funding report the number of children birth to three that are served. Preliminary data suggests that more than 380 young children were reported as served by the 32 (of 131 total) school divisions receiving subgrants. For school age students, more than 20% of the students identified have IEPs. This suggests there are likely young children experiencing homelessness who could benefit from early intervention. HOPE would like to explore additional ways to ensure referrals are made to EI. Samples of the new Parent Packs mentioned in the last meeting will be shared at the meeting. Additional copies can be ordered by visiting: <https://projecthopevirginia.org/awareness-materials/>

**Virginia Department of Health (VDH) –Toni Hayes**

Please see the attached Virginia Department of Health Report.

**Virginia Department of Medical Assistance Services (DMAS)-Karla Callaham**

Attached is the DMAS VICC meeting updates submitted by Karla Callaham.

**State Corporation Commission (SCC), Bureau of Insurance-Marly Santoro**

The Bureau of Insurance (BOI) handles compliance pursuant to § 38.2-3418.5 of the Code for coverage of early intervention service offered by insurance plans regulated by the BOI.

There have been no current early intervention complaints or any other issues reported regarding § 38.2-3418.5 of the Code. The BOI continues to monitor health insurance activity such as claim denials and benefits of coverage offered for early intervention services.

**§ 38.2-3418.5. Coverage for early intervention services**.

A. Notwithstanding the provisions of § [38.2-3419](http://law.lis.virginia.gov/vacode/38.2-3419/), each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for medically necessary early intervention services under such policy, contract or plan delivered, issued for delivery or renewed in this Commonwealth on and after July 1, 1998. Such coverage shall be limited to a benefit of $5,000 per insured or member per policy or calendar year and, except as set forth in subsection C, shall be subject to such dollar limits, deductibles and coinsurance factors as are no less favorable than for physical illness generally.

B. For the purpose of this section, "early intervention services" means medically necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Behavioral Health and Developmental Services as eligible for services under Part H of the Individuals with Disabilities Education Act (20 U.S.C. § 1471 et seq.). "Medically necessary early intervention services for the population certified by the Department of Behavioral Health and Developmental Services" shall mean those services designed to help an individual attain or retain the capability to function age-appropriately within his environment and shall include services that enhance functional ability without effecting a cure.

C. The cost of early intervention services shall not be applied to any contractual provision limiting the total amount of coverage paid by the insurer, corporation or health maintenance organization to or on behalf of the insured or member during the insured's or member's lifetime.

D. "Financial costs," as used in this section, shall mean any copayment, coinsurance, or deductible in the policy or plan. Financial costs may be paid through the use of federal Part H program funds, state general funds, or local government funds appropriated to implement Part H services for families who may refuse the use of their insurance to pay for early intervention services due to a financial cost.

E. The provisions of this section shall not apply to short-term travel, accident only, limited or specified disease policies, policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or governmental plans or to short-term nonrenewable policies of not more than six months' duration.

F. The provisions of this section shall not apply in any instance in which the provisions of this section are inconsistent or in conflict with a provision of Article 6 (§ [38.2-3438](http://law.lis.virginia.gov/vacode/38.2-3438/) et seq.) of Chapter 34.

**VICC Business**

* Update: VICC by-laws review ad hoc committee volunteers.
  + Amanda Bishop
  + Christina Harrison
  + Dana Childress
  + Teddy Kenyear
  + Tricia Peny

The meeting was adjourned.

**The next meeting of the VICC will be held on March 12, 2025.**

**VICC Members Present:**

Dawn Ault

Amanda Bishop

Karla Callaham

Kirsten Hodge

Tricia Peny

Dr. Patricia Popp

Eric Raff

Kari Savage

Stephanie Tharp

Sheila T. Holas

Dana Childress

Tracey Deal

Nyesha Nicholas

Kristen Heinan

Toni Hayes

Marly Santoro

Dawn Hendricks

Victoria Bhardwaj